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Highlights: 12th World AIDS Conference in Geneva Switzerland*

The 1998 conference theme, "Bridging the Gap," focused on the disparities of prevention and health services between developed and developing countries. AIDS has killed millions worldwide, but its major impact has been, and will continue to be, most acute in developing countries. Several messages and research findings from the conference can be used by public and private health care providers and community groups to enhance efforts in HIV primary and secondary prevention.

The health status of those infected with HIV has greatly improved due to the effectiveness of highly active antiretroviral therapy (HAART) or combination therapy now used. But, problems have arisen because of the need for strict adherence to a complicated, expensive medical regimen, frequent noncompliance, and the development of resistance. Combination therapy has unpleasant side effects. There is also clear evidence of multidrug-resistant virus transmission. Close monitoring of treatment and patient counseling is vital. Health care workers, too, are having difficulty adhering to Post Exposure Prophylaxis (PEP). The "take home" message is that we are still no closer to a cure or a vaccine. Because the new treatments are effective, we are in danger of becoming complacent. Prevention initiatives must remain paramount in the fight against HIV. The success and cost-effectiveness of such initiatives has been well documented.^{1,2}

The epidemic is increasing among women and communities of color, and we must continue to work to overcome social prejudices, social injustice and inequities in health care. There are gaps in prevention for women and African

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Americans, but HIV/AIDS "respects no boundaries of class, race, income, gender, sexual orientation, or nationality."³

The high risk of HIV among injecting drug users will require us to involve leaders from the communities most affected. We must share a commitment to comprehensive prevention programs, including substance abuse prevention.

No single approach will suffice.

The treatment protocol for prevention of perinatal HIV transmission has been exceptionally effective. Clinical trials in 1994

indicated that HIV-infected women could reduce the risk of transmitting the virus to their babies by as much as two-thirds through the administration of zidovudine (ZDV or AZT) during pregnancy, labor, and delivery, and by giving their babies AZT for 6 weeks after birth. However, many pregnant women at high risk remain untested for HIV. CDC researcher Jeanne Bertolli, Ph.D. stresses that counseling plays a critical role in helping women understand the benefits and risks of treatment. There is a critical need for women at greatest risk to have early prenatal care. Researchers are still addressing the problem of HIV transmission through breast-feeding.

**World AIDS Day is
December 1, 1998**

World AIDS Conference (continued from Page 1)

As noted earlier, findings indicate problems with therapy compliance for health care workers after exposure to HIV. Using data collected from the National Surveillance System for Hospital Health Care Workers, in one study found that of the 36% of workers who did not complete therapy, 76% stopped treatment because of the adverse side effects, including fatigue and nausea. Adelisa Panlilio, M.D., CDC researcher, noted that improved counseling prior to treatment may help improve PEP therapy compliance, but the primary focus should be preventing exposure. CDC researcher Denise Cardo, M.D., examined over 100 occupational exposures, finding that at least 50% could have been prevented using appropriate work practices including barriers and safety devices. Over 90% of exposures were related to percutaneous injuries. The injuries could have been prevented through proper handling and disposal of needles and sharp items in puncture-resistant containers.

These highlights, and many other promising findings regarding prevention and treatment, were shared during this year's conference. If you have any questions, please contact the HIV/AIDS Branch in the Division of Epidemiology and Health Planning at 502-564-6539.

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- 1 CDC. CDC researchers present mounting evidence that HIV prevention saves lives and dollars. CDC HIV/STD/TB Prev News Update. Available at: <http://www.cdcpin.org/summary.html>. Accessed July 1, 1998.
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*From an interview with Helene Gayle, M.D., M.P.H., CDC National Center for HIV, STD and TB Prevention, and by the National Association of State and Territorial AIDS Directors, and the World AIDS Conference report, NASTADHIV Prev Community Plan Bull, August, 1998.

Reminder

Kentucky Epidemiologic Notes & Reports is available through the Internet on the Cabinet for Health Services' Web page and is posted in the PDF format. If you do not have Acrobat installed, you can download the viewer, Acrobat Reader, from the Web site.

Our address is: <http://cfc-chs.chr.state.ky.us/LHL1.htm>

Behavioral Risk Factor Surveillance System:

Check it out on the Internet. . . . To find out how Kentuckians' health behaviors compare with residents in other states or with U.S. data, access the Internet at: www.cdc.gov/nccdphp/brfss

Recommendations of the Advisory Committee on Immunizations Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians: Use of Reminder and Recall by Vaccination Providers to Increase Vaccination Rates

Reprinted from: *MMWR* 47(34);715-7 dated September 4, 1998

This statement by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP) presents and recommends a programmatic strategy -- the use of a reminder and/or recall (R/R) system by vaccination providers -- to increase vaccination rates. In 1992, a national survey indicated that 8% of pediatricians and 5% of family physicians had implemented a manual vaccination R/R system and 6% and 5%, respectively, used a computer-based system for vaccination R/R messages.¹ In 1993, the National Vaccine Advisory Committee issued the "Standards for Pediatric Immunization Practices," which recommend that all public and private health-care providers use a vaccination R/R system.² These standards were endorsed by ACIP, AAP, and AAFP. By 1995 a survey indicated that R/R systems were used by 35% of pediatricians and 23% of family physicians (R. Zimmerman, University of Pittsburgh School of Medicine, personal communication, 1995).

The reminder component consists of mail and/or telephone messages to remind parents or guardians of vaccination due dates for their children. Reminder messages can improve parents' awareness that vaccinations are due and the importance of keeping appointments, therefore increasing the up-to-date vaccination status of children. The recall component consists of mail and/or telephone messages to parents or guardians of children who are past due for one or more vaccinations. Recall messages can decrease vaccination drop-out rates and reduce the time children remain at risk for vaccine-preventable diseases. R/R systems can be operated manually (e.g., by monthly tickler file) or can be automated (e.g., by computer-generated mailings or telephone calls). Messages from automated systems can be modified to address special needs (e.g., language).

The implementation of vaccination R/R systems has potential benefits beyond improved vaccination coverage rates. Patients of all ages who are due or overdue for recommended vaccinations also may have fallen behind in health supervision visits and may experience barriers to health care in general. Vaccination R/R systems may help identify patients who are at risk

for not receiving comprehensive primary care. R/R systems also can be established independently for improving attendance for child health supervision visits and other recommended preventive health service visits, including adult vaccination,³ cervical cancer screening,⁴ and lead screening. The cost-effectiveness of R/R systems for a provider can be dependent on the number of patients, the documented level of vaccination coverage, the provider's level of computerization, and the intensity with which the provider uses the R/R system.^{5,6}

Properly implemented, the R/R strategy contributes to high, sustainable vaccination coverage levels. Studies of the effectiveness of mail or telephone reminder messages generally have demonstrated improvements in patient compliance for a variety of scheduled health-care visits, including vaccinations.⁷⁻⁹ Among patients scheduled for a vaccination visit who received a single autodialer-based reminder call the night before a scheduled visit, attendance was 57% compared with 20% in the control group who received no reminder;⁶ 41% of patients who received a vaccination R/R message visited the provider within 30 days compared with 28% of those who did not receive a reminder.¹⁰

The ACIP, AAFP, and AAP recommend the regular use of R/R systems by public and private health-care providers in settings that have not achieved high documented levels of age-appropriate vaccinations. For reminder systems, messages should be delivered close to the due date for vaccinations. In recall systems, messages should be delivered promptly if the scheduled visit is missed. Implementation of these recommendations can contribute substantially to improving vaccination coverage at the provider level.

Reported by: Advisory Committee on Immunization Practices, Atlanta, Georgia. American Academy of Family Physicians, Kansas City, Missouri. American Academy of Pediatrics, Elk Grove Village, Illinois. Immunization Svcs Div, National Immunization Program, CDC.

References available upon request.

November is National Diabetes Month

Diabetes is the leading cause of adult blindness, end-stage renal disease, and nontraumatic lower-extremity amputations. People with diabetes are 2 to 4 times more likely than others to have coronary disease and stroke. Diabetes can complicate pregnancy, and birth defects are more common in infants born to women with diabetes.¹ Diabetes, a self-managed disease, requires daily adherence to dietary, guidelines, physical activity, blood glucose monitoring, and medication regimens. The good news is that with aggressive treatment to lower blood glucose levels, the disability and death associated with diabetes can be reduced.

Data collected through the Behavioral Risk Factor Surveillance System indicate that secondary and tertiary prevention strategies to decrease the burden of diabetes for individuals and society are not being utilized routinely in the Commonwealth:

- Only half of the Kentuckians with diabetes check their blood glucose daily or weekly.
- 84.3% of Kentucky respondents with diabetes had not heard of a glycosylated hemoglobin or Hb A_{1c}.
- 38.2% of the Kentucky respondents with diabetes either did not have a foot examination or were unsure if their feet had been examined by a health care professional within the last year.
- 42.5% of the Kentucky respondents with diabetes had not had an annual dilated eye exam.²

There has been a sixfold increase in the number of U.S. individuals diagnosed with diabetes over the past 4 decades.³ An estimated 11,500 Kentuckians are newly diagnosed with diabetes each year, a total greater than the combined new cases of lung cancer, breast cancer and AIDS.^{2,4,5} Over 200,000 Kentuckians are estimated to have diabetes, but one half to one third of them have not been diagnosed. Nearly 39% of Kentucky's adult population is at risk for developing diabetes. Risk factors for those under 45 years of age include being both overweight and sedentary. Those 45 and older are at risk because of sedentary lifestyle, being overweight, or having both risk factors. Diabetes is the 5th leading cause of death in Kentucky, and the annual cost of diabetes in our state was estimated at \$1.58 billion in 1992.²

National Diabetes Education Program in Kentucky

The goal of the National Diabetes Education Program (NDEP) in Kentucky is to reduce the morbidity and mortality of diabetes and its complications. The NDEP, a joint program of the National Institutes of Health and the Centers for Disease Control and Prevention, is the first federal program to work with public-private partners

committed to raising diabetes awareness. The organizations are partnering with the NDEP to design ways to improve the treatment and outcomes for people with diabetes, to promote early diagnosis, and ultimately, to prevent the onset of diabetes.

Diabetes is a serious disease. Contrary to popular belief, it is not acceptable for any Kentuckian to have a "touch of sugar" in the blood. Neither diabetes, nor the treatment of the disease, should be taken lightly. Therefore, the campaign will include television, radio, and print public service announcements, all unified by the theme, "Control Your Diabetes. For Life." Campaign materials will inform people with diabetes about the importance of knowing their blood glucose values, reaching their blood glucose goals, and keeping their blood glucose under control. Mass media and outreach programs will target African American, Hispanic American, Asian American, Pacific Islander, and Native American communities whose members have higher rates of diabetes than white Americans.

The campaign also marks the release of the NDEP's Principles of Diabetes Care. The principles describe the essential components of good diabetes management and are designed to help close the gap between what can be accomplished in diabetes care and what is now being accomplished. To receive a copy of the Principles of Diabetes Care, call the Community Health Branch at 502-564-7996 or the NDEP at 1-800-438-5383.

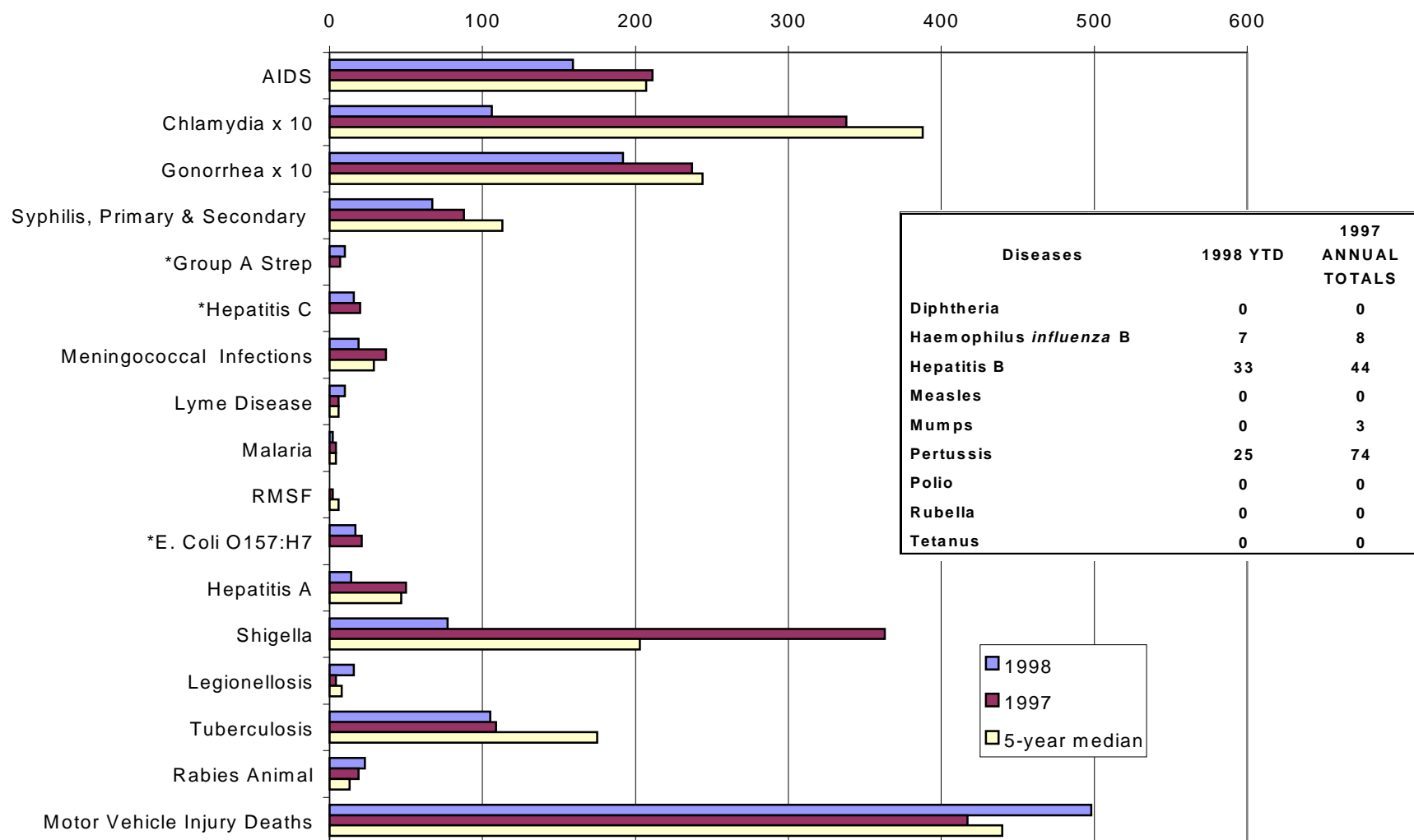
For more information on the National Diabetes Education Program in Kentucky, call the Community Health Branch at the above telephone number. To receive a free brochure about controlling diabetes from the National Diabetes Education Program, call 1-800-438-5383. Web sites for more information are <http://ndep.nih.gov/> or <http://www.cdc.gov/diabetes/>

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CASES OF SELECTED REPORTABLE DISEASE IN KENTUCKY, YEAR TO DATE (YTD) THROUGH SEPTEMBER 1998



*Historical data are not available.

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RETURN SERVICE REQUESTED

Reminder . . . Lead Poisoning Prevention Survey



The Division of Adult and Child Health is completing a physician survey that began in July. The assessment of practices and learning needs related to lead poisoning will help the Division prepare practical and useful information for primary care providers and their patients. Family and general practice physicians and pediatricians who have not completed the survey are requested to do so. Practitioner feedback is needed and welcome. Return completed surveys to: Paula Staley, Jefferson County Health Department, Childhood Lead Poisoning Prevention Program, 400 E. Gray St., Louisville, KY 40202.